

**CONTRACT AMENDMENT REQUEST****Facilities Standards and  
Operations Division**

Form MIOCRG 003 (Revised 07/01)

00/01 Mentally Ill Offender Crime Reduction Grant (MIOCRG)

A. County:

Contract Number:

Grant Dates: From        /        /        To        /        /        Amendment Number:

B. Section of contract to be considered for amendment:

C. Justification for amendment (use additional pages as necessary):

D. Requested specific contract language (use additional pages as necessary):

PERSON PREPARING REQUEST PROJECT FINANCIAL OFFICERPROJECT MANAGER\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Name\_\_\_\_\_  
Name\_\_\_\_\_  
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Date\_\_\_\_\_  
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Date\_\_\_\_\_  
Telephone\_\_\_\_\_  
Telephone\_\_\_\_\_  
TelephoneMail to: Board of Corrections, 600 Bercut Drive  
Sacramento, California 95814-0185Approval: \_\_\_\_\_ Date:  
Board of Corrections